BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **MOHAMMED M. ALAM, M.D.** Holder of License No. 29511 For the Practice of Allopathic Medicine In the State of Arizona	Case No. MD-07-0204A **CONSENT AGREEMENT FOR LETTER OF REPRIMAND**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Mohammed M. Alam, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement of any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.

10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

MOHAMMED M. ALAM, M.D.

DATED: 12/4/07

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 29511 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-0204A after receiving notification of a malpractice settlement involving Respondent's care and treatment of a fifty-eight year-old male patient ("CR").

4. CR had a history of peptic ulcer disease and was first seen in the emergency department on January 10, 2002 with abdominal pain and hemoglobin of 15.0. He was treated and released, but he returned to the hospital two days later and was admitted by Respondent with a diagnosis of cholecystitis and gallstone pancreatitis. CR's hemoglobin steadily dropped over the next three days.

5. On January 14, 2002, CR became progressively hypoxic and his hemoglobin was 12.1. The next day CR had a fever, hypoxia and increasing tachycardia. Respondent started him on Heparin empirically. Respondent ordered a ventilation-perfusion (V/Q) scan and computed tomography (CT) scan to rule out a possible pulmonary embolus. The V/Q returned as intermediate and the CT scan of CR's chest was essentially negative, although it was a suboptimal study. CR's hemoglobin was 9.7 and Respondent continued the Heparin after the negative CT scan.

6. On January 16, 2002, CR's hemoglobin dropped to 6.2 at 5:30 a.m. and he was tachycardic. Respondent was notified and he ordered a transfusion, but he did not see CR. Respondent verbally discontinued the Heparin. Respondent saw CR at 11:00 a.m. and he ordered hemoglobin every six hours and a bleeding scan. He did not transfer CR to the intensive care unit (ICU) for monitoring. CR's blood gas results were hypoxia,

hypocarbia and a preserved pH and hospital staff reported these results to Respondent at 12:00 p.m. At 12:45 p.m., hospital staff found CR without a pulse or respirations and he was declared dead at 1:29 p.m. An autopsy reported CR had pneumonia, ulceration around the ampulla of Vater and intra luminal intestinal blood.

7. The standard of care requires a physician to recognize, evaluate and treat decreasing hemoglobin during a hospitalization.

8. Respondent deviated from the standard of care because he did not recognize, evaluate and treat CR's decreasing hemoglobin.

9. The standard of care requires a physician to understand the potential complications of a disease process and act on it accordingly.

10. Respondent deviated from the standard of care because he did not understand the potential complications and act upon hemorrhagic pancreatitis accordingly.

11. The standard of care requires a physician to evaluate a patient at the bedside in a timely manner when notified of significant clinical changes.

12. Respondent deviated from the standard of care because he did not evaluate CR at the bedside in a timely manner when he was notified that CR was tachycardic.

13. The standard of care requires a physician to transfer and monitor an unstable patient in the ICU.

14. Respondent deviated from the standard of care because he did not transfer and monitor CR in the ICU.

15. The standard of care requires a physician to discontinue Heparin therapy once the diagnosis for pulmonary embolus is ruled out.

16. Respondent deviated from the standard of care because he did not discontinue the Heparin in a timely manner when he was notified that CR was tachycardic.

17. The standard of care requires a physician to recognize and act upon abnormal vital signs.

18. Respondent deviated from the standard of care because he did not recognize the significance of and act on CR's persistent tachycardia during his hospitalization.

19. Respondent's failure to stop the Heparin and identify the bleeding resulted in CR's death.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.") and A.R.S. § 32-1401 (27)(ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand for failure to properly manage an unstable hospitalized patient with persistent tachycardia and decreasing hemoglobin.

2. This Order is the final disposition of case number MD-07-0204A.

DATED AND EFFECTIVE this 14th day of December, 2007.

(SEAL)

ARIZONA MEDICAL BOARD

By _____
AMANDA J. DIEHL
Deputy Executive Director

ORIGINAL of the foregoing filed this 14th day of December 2007 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this 14th day of December, 2007 to:

Neil C. Alden
Bowan and Brooke
2929 N. Central Ave., Suite 1700
Phoenix, AZ 85012-2761

EXECUTED COPY of the foregoing mailed this 14th day of December, 2007 to:

Mohammed M. Alam, M.D.
Address of Record

_____
Investigational Review